
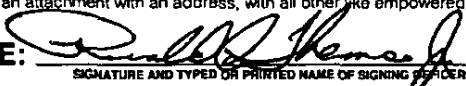


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 24, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90403 013 \*\*\*150.00

<b>DOCUMENT # P03000114988</b>					
1. Entity Name <b>THOMAS ACCOUNTING &amp; TAX SERVICE, INC.</b>					
Principal Place of Business <b>10340 W CENTRAL ST HOMOSASSA FL 34448</b>			Mailing Address <b>10340 W CENTRAL ST HOMOSASSA FL 34448</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>57-1189298</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
8. Name and Address of Current Registered Agent <b>THOMAS, RONALD A JR 10340 W CENTRAL ST HOMOSASSA FL 34448</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2004 Fee will be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b> </div> <div>           9. Election Campaign Financing            Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> </div> </div>					
10. OFFICERS AND DIRECTORS					
TITLE	NAME				
NAME	STREET ADDRESS				
STREET ADDRESS	CITY-ST-ZIP				
CITY-ST-ZIP					
TITLE	NAME				
NAME	STREET ADDRESS				
STREET ADDRESS	CITY-ST-ZIP				
CITY-ST-ZIP					
TITLE	NAME				
NAME	STREET ADDRESS				
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CITY-ST-ZIP					
TITLE	NAME				
NAME	STREET ADDRESS				
STREET ADDRESS	CITY-ST-ZIP				
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	NAME				
NAME	STREET ADDRESS				
STREET ADDRESS	CITY-ST-ZIP				
CITY-ST-ZIP					
TITLE	NAME				
NAME	STREET ADDRESS				
STREET ADDRESS	CITY-ST-ZIP				
CITY-ST-ZIP					
TITLE	NAME				
NAME	STREET ADDRESS				
STREET ADDRESS	CITY-ST-ZIP				
CITY-ST-ZIP					
TITLE	NAME				
NAME	STREET ADDRESS				
STREET ADDRESS	CITY-ST-ZIP				
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <b>4/29/04 352-628-4464</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					